



**ARTS AND CULTURE DIVISION**  
**Artist in the Classroom Invoice**  
**School Year 2015/2016**

After you finish your pre-approved art lesson(s) please complete this invoice and the *Artist Feedback Form* and return to NLattanzi@SedonaAz.Gov.

Artist's Name: \_\_\_\_\_

Project Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

If submitted via email, please check here. ☐

If submitted via fax or mail, please sign below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Date	School	Teacher	Grade	Start Time	End Time	Total Hours	Amount
One Hour of Planning:							\$25.00
<b>Materials Reimbursement Amount:</b> Please include ORIGINAL receipts for any materials. If materials from your studio were used, you must include a receipt with your business name and items.							
<b>Total:</b>							

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**FOR CITY USE**

Approve to Pay Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Vendor #: \_\_\_\_\_

GL#: \_\_\_\_\_ 10-5245-41-6728

Amount to Pay: \$ \_\_\_\_\_